MDR: M4-02-2382-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 10-15-01 and 10-18-01.

   b. The request was received on 3-15-02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. Letter to Compliance and Practices dated 3-14-02
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, No response was noted in the dispute packet.

3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 5-23-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 2-7-00:
   "The bills were submitted to the carrier on separate occasions. Yet the carrier failed to submit payment or denial to this facility and is thereby in violation of Sec. 408.027 (a)."

2. Respondent: No Response was noted in the dispute file**.**

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 10-15-01 and 10-18-01.

2. No explanation of benefits was noted in the dispute file, however, the Provider did include a letter that was written to Compliance & Practices dated 3-14-02.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
10-15-01 10-18-01	97110 97110	$140.00 $140.00	$-0- $-0-	No EOB No EOB	$35.00 per each 15 minute unit	MFG: Medicine Ground Rules (1) (A) (10) (a); CPT Descriptor	No EOBs were noted in the dispute packet. The disputed services will be reviewed as a "F" denial. It was indicated in the documentation reviewed that the reason the patient needed one-on-one therapy , "…was because the patient has never had any formalized training academically or non-academically….Furthermore, Dr. …. had to be present supervising (claimant) and her one-on-one rehab technician so if any questions arise by Ms. …. for the many problems that occur during stretching, vigorous therapeutic exercise, and cardiovascular exercise there might be a well informed health care provider present to answer them." Documentation for both dates of service in dispute does not indicate that the medical conditions or symptoms that the claimant presented required one-on-one supervision and does not reflect that the one-on-one supervision tapered off over time as the claimant became more familiar with the exercises. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes "one-on-one." The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. Therefore, the provider is due **$70.00** reimbursement.

10-18-01	97113	$208.00	$-0-	No EOB	$52.00 for each 15 minute unit	MFG; Medicine Ground Rules (I) (A) (10); CPT Descriptor	No EOBs were noted in the dispute packet. The disputed services will be reviewed as a "F" denial. It was indicated in the documentation reviewed that the reason the patient needed one-on-one therapy , "…Ms. …. has been categorized as a non-swimmer….to ensure that the patient was using proper form, following proper safety techniques, and encouraging maximum benefits with this physical therapy treatment." Documentation does not indicate that the medical conditions or symptoms that the claimant presented required one-on-one supervision and does not reflect that the one-on-one supervision tapered off over time as the claimant became more familiar with the exercises. Recent review of disputes involving CPT Code 97113 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes "one-on-one." The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. Therefore, the provider is due **$52.00** reimbursement.
Totals		$488.00	$-0-				The Requestor **is** entitled to **$122.00** reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **$122.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll